Manfred J. Melcher, MSW, LCSW
Licensed Clinical Social Worker
CA license 74175

126 Clock Tower Place Suite 214
Carmel, CA 93923

Office Phone: (831) 402-5115

AUTHORIZATION TO RELEASE/OBTAIN INFORMATION

I, _____, hereby authorize Manfred J. Melcher to obtain from ( ) and/or release to ( )
_____
_____
_____

The following medical and/or psychiatric information in the course of treatment, for the time period of (Date) ___/___/_____ to ___/___/_____ inclusive. □ check if open time-frame.

The information to be enclosed is:

___ History and Physical Exam
___ Discharge Summary
___Admission/Intake Summary
___Drug/Alcohol Abuse Treatment Information
___Medical Information/History
___ Quarterly Reports
___ Crisis Intervention Reports
___ Consultation Reports
___ Lab Reports
___ Other: _____
___ Court/Agency Documents
___ Mental Status
___ Psychiatric/Psychological Examination
___ Treatment Plans
___ Diagnosis
___ Nursing Reports
___ Educational Records

The information requested is required to:
_____
_____

I acknowledge that I have read and understand the purpose of this authorization release. I voluntarily consent to disclose the information identified to/from Mr. Melcher and the above noted service provider(s).

I understand that this consent may be terminated by me at any time by written notice. This authorization expires at the close of treatment (termination) or ninety (90) days from date that the signature below documents (whichever is longer).

Client's Name: _____ Date of Birth: ___/___/_____

Client's (or Guardian) Signature: _____ Date: ___/___/_____

_____
Manfred J. Melcher, LCSW
(witness)